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SECRETARY OF STATE
ALLAHASSEE, FLORING

D. BRUCE
FEB 3 2009
EXAMINER

COVER LETTER

TO: Registration Son Division of Con	ection · · · · · · · · · · · · · · · · · · ·		
SUBJECT:	hem Lift Age E	raser	
	(Name) Limite	ed Liability Company)	
The enclosed Articles of	`Amendment and fcc(s) are subm	sitted for filing.	
Please return all correspondent	ondence concerning this matter to	the following:	
	Sher	(Name of Person)	
	ChemL	(Name of Person) Lift Age Eraser (Firm/Company)	
	3708 F	Pores Avenue	09FE
	Sarasota	(Address) A FL 34239 (City/State and Zip Code)	FILED EB-2 PH 12: HASSEE FLOO
For further information of	concerning this matter, please call		D 112: 27 STATE FLORIDA
Sherri (Name	Mills of Person)	at (<u>941</u>) <u>366 - 553</u> (Area Code & Daytime ?	59 Celephone Number)
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	355.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEMLIFT AG	E ERASER LL	C		
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability		11-24-200	<u>08</u> and ass	igned
Florida document number <u>L0800010920</u>	1			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Comp	any," the designation	"LLG" or the a	bbreviation
			_ {>;; → m	أساسه
Enter new principal offices address, if applicable:			EB-2	- Colobara
<u> Principal office address MUST BE A STREET ADD</u>	<u>RESS)</u>		Size N	
			IZ: 27 STATE LORID,	
Enter new mailing address, if applicable:	<u> </u>		27 ATE	
Mailing address MAY BE A POST OFFICE BOX)				
	 			
3. If amending the registered agent and/or regis		our records, <u>enter</u>	the name o	f the new
registered agent and/or the new registered office add	dress here:			
Name of New Registered Agent:				
New Registered Office Address:			<u>.</u>	
	(E	nter Florida street a	ddress)	
		, Florida _		
	(City)		(Zip Cod	le)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Name</u> <u>Title</u> **Address Type of Action** MGRM Steve Ellis 3708 Flores Avenue Sarasota, FL 34239 Remove _ Add Remove **₫** Add ☐ Remove _ Add Remove Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ____, <u>z</u>oo9 Dated ___ 1 - 30 Signature of a member or authorized representative of a member Sherri Mills Typed or printed name of signce

Page 2 of 2

Filing Fee: \$25.00